

E R R A T A

April 2, 1987

TO: All County Welfare Directors

SUBJECT: Refugee Services - Information Transmittal, RS 18

REFERENCE: All-County Letter No. 87-33

In our March 5, 1987 All-County Letter (ACL) regarding the Refugee Services Information Transmittal, RS 18, the enclosed camera-ready copy was printed too high up on the first page. Therefore, the departmental headings and the distribution instructions for the first copy was not printed. A corrected camera-ready copy of this form is enclosed for your use.

If you have any questions concerning this letter, please contact Ms. Judy Eastburn, Office of Refugee Services, at (916) 322-0601 or ATSS 492-0601.

Enclosure

cc: CWDA
Dr. Sharon Fujii, ORR

**REFUGEE SERVICES —
INFORMATION TRANSMITTAL**

DISTRIB. DN: Original Copy : CIU

Second Copy : Case File

CIU ADDRESS

<input type="checkbox"/> RCA	<input type="checkbox"/> RDP	<input type="checkbox"/> AFDC	<input type="checkbox"/> GA/GR
CLIENT NAME:		SSN:	
CASE NUMBER:		ALIEN NUMBER:	
EW NAME:		DATE:	
EW NUMBER:		TELEPHONE: ()	

REASON FOR COMMUNICATING (CHECK ☒ AND/OR COMPLETE APPLICABLE ITEM)**SECTION I. CLIENT STATUS CHANGES**

- ☐ Client continues as mandatory referral
- ☐ Client no longer mandatory referral:
- ☐ Exempt (Reason): _____
- ☐ Other (Reason): _____
- ☐ Good cause was/was not found on _____ for the following reason: _____
(CIRCLE ONE) (DATE)

Sanction effective _____ through _____

SECTION II. CHANGES TO CLIENT'S PERSONAL DATA

- ☐ New address: _____
- ☐ New telephone number: _____
- ☐ Transfer to another aid program: _____ to _____
- ☐ Social security number: _____
- ☐ Client reported employment with _____ at _____
NAME OF EMPLOYER
- _____ on _____
LOCATION DATE
- ☐ Client filed for State Hearing
- ☐ State Hearing scheduled for _____, at _____, in _____
(DATE) (TIME) (PLACE)
- State Hearing outcome: ☐ State Hearing request withdrawn ☐ Client's appeal granted
☐ Client's appeal denied

SECTION III. COMMENTS

ELIGIBILITY WORKER SIGNATURE:

TELEPHONE NUMBER:

DATE:

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Refugee Services — Instructions

RS-18 INFORMATION TRANSMITTAL

Purpose: The RS-18 is used by the county welfare department to notify the Central Intake Unit (CIU) of a change in status of mandated referrals of Refugee Cash Assistance (RCA), Refugee Demonstration Project (RDP), Aid to Families with Dependent Children (AFDC) or General Assistance/General Relief (GA/GR) recipients to Refugee Employment/Training Services.

Form Completion Instructions:

The County Welfare Department:

1. Enters the address of the appropriate CIU office.
2. Checks appropriate box indicating program (RCA, RDP, AFDC or GA/GR).
3. Enters case data and other identifying information in upper right-hand corner.
4. Checks the appropriate reason for communicating information (Section I or II).
5. The person who completes the form must sign and date the form below in Section III.
6. The CWD is to retain one copy for the client's case file.

SECTION I — To be used by the CWD if any of the following changes in the client's status occur:
(This section must be completed every time)

- Client continues as mandatory referral
- Client no longer mandatory referral
- Registrant becomes exempt
- If good cause was/was not established, indicate reason
- Sanction imposed, indicate sanction period

SECTION II — To be used by the CWD if any of the following changes on client's personal data occur:

- New address
- New telephone number
- Transfer to another aid program *(specify both programs)*
- Social security number
- Client reported employment *(specify name of employer, location and date)*
- Client files for State Hearing
- Indicate date, time, and place of State Hearing, if known. If the CIU presence at the State Hearing is needed, it is the CWD responsibility to inform the CIU of the date, time and place of the State Hearing
- Check appropriate box *(State Hearing request withdrawn, appeal granted or appeal denied)*

SECTION III — To be used for comments.